

**KENTUCKY TEACHERS' RETIREMENT SYSTEM**  
479 Versailles Road, Frankfort, Kentucky 40601-3800, PH 502/848-8500

**Information Regarding Leave of Absence**

We submit this information so that the Kentucky Teachers' Retirement System (KTRS) can determine the eligibility and/or cost of the following member to purchase a leave of absence.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

1. Attached is a written authorization of the employer's approval of the leave of absence. *(Board Minutes that cover more than one fiscal year for a LOA will require a LOA-1 form to be completed for each fiscal year.)*
2. The dates covered by the leave for fiscal year \_\_\_\_\_ are \_\_\_\_\_ through \_\_\_\_\_. *Please list one fiscal year only.*
3. The number of normal contract days for this employee is \_\_\_\_\_.
4. If contributions have been withheld, the number of days paid was  
\_\_\_\_\_ @ 9.855%                      \_\_\_\_\_ @ 6.16%  
\_\_\_\_\_ @ 10.855%                      \_\_\_\_\_ @ 7.16%
5. If the leave started after the beginning date of the school year, the employee's yearly contract salary was \$\_\_\_\_\_.
6. If contributions were withheld, the amount withheld was  
\$ \_\_\_\_\_ @ 9.855%                      \$ \_\_\_\_\_ @ 6.16%  
\$ \_\_\_\_\_ @ 10.855%                      \$ \_\_\_\_\_ @ 7.16%
7. Was any portion of the contribution matched by federal funds?      Yes ☐ No ☐  
If so, what percentage? \_\_\_\_\_ %
8. Did the employee begin work on the first day of the normal school year in which the leave occurred?      Yes ☐ No ☐

**Certification of Agency Official**

I certify that the information provided accurately reflects this employee's employment and earnings information as it relates to KTRS.

\_\_\_\_\_  
*Signature of Agency Official*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*School District or Agency*

\_\_\_\_\_  
*Date*